

Failing COVID-19 Response: A failure of a weak and privatized healthcare system

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On October 1, the Philippines entered the list of top 20 countries with the highest number of COVID 19 cases in the world with 314,079 cases. The country has also the most number of cases in Southeast Asia.ⁱ The Philippine government, however, dismissed the ranking saying that the country has actually improved in the way it handles the COVID 19 pandemic.ⁱⁱ President Rodrigo Duterte's spokesperson even claimed that the Philippines has the "best testing policy in the whole of Asia and probably in the whole world".ⁱⁱⁱ This despite the government's apparent lack of urgency to carry out mass testing and contact tracing, especially during the past lockdown periods.

In an attempt to deflect accountability, top government officials took turns putting the blame on the people for their supposed lack of discipline and being hardheaded for the spread of COVID 19. When the Philippines overtook Indonesia as Southeast Asia's coronavirus hotspot, the presidential spokesperson had this to say: *So many of us are hardheaded. Because of that, we're number one in ASEAN in terms of COVID-19 cases. That's shameful. Stop being hardheaded and stay at home.*^{iv}

President Rodrigo Duterte even went as far as ordering police authorities to intensify the arrest of those who are not complying with health regulations and even threatened to shoot lockdown violators.^v

The government's 'hardheaded' narrative, however, was debunked by a global survey conducted by the UK think tank YouGov in partnership with the Institute of Global Health Innovation of Imperial College London that tracks people's health behaviors in response to COVID 19. The survey showed that 91 percent of Filipinos always wear masks coming out second out of 27 countries surveyed, second in always washing hands with soap and water (83%), first in always using hand sanitizers (77%), and first in always avoiding crowded areas (77%).^{vi}

Duterte's penchant for violence and militaristic approach in solving a crisis has been apparent in how he handles the government's COVID 19 response. Instead of establishing a task force made up of public health experts, Duterte appointed former military and police generals to oversee the management of the government's COVID-19 response. Duterte has imposed one of the longest lockdowns^{vii} in the world that resulted in the massive loss of livelihoods, collapse of businesses, disruption of learning, and rise in cases of police abuse and domestic violence. As Michael Beltran of the *The Diplomat* puts it:

The global crisis is first and foremost a public health issue, but Philippine President Rodrigo Duterte has faced the coronavirus pandemic in a decidedly militaristic fashion. Since the lockdown went into effect, he has peddled the narrative of *pasaways* or "undisciplined" citizens as responsible for the ensuing problems. He has also brought up unsubstantiated activities of guerrilla groups as threats to government aid efforts without conceding any missteps in his management. On top of deploying thousands of police and soldiers throughout the archipelago to enforce the ECQ (enhanced community quarantine), Duterte has on two occasions threatened the public with all-out martial law. There have been

moments of abject incompetence from those in power around the world, but using the pandemic as a reason for increasingly flexing authoritarian muscles spells danger for the Philippines post-lockdown.^{viii}

What the Philippine experience has thus far shown is that the lockdown is not enough to contain the spread of COVID 19 if not complemented by early and vigorous testing, contact tracing, isolation, and treatment. The government has learned that bitter lesson when Duterte's lifting of most of the lockdown restrictions in June resulted in the sudden spike of COVID 19 cases forcing him to revert to the strict lockdown.

Testing and contact tracing

In March, the Department of Health (DOH) insisted that there was no need for mass testing yet even as the World Health Organization (WHO) had already urged the mass production and use of testing kits as a basic necessity in combating the pandemic.^{ix} It was only in April that the government planned to start the massive testing of persons with suspected coronavirus and hasten the accreditation of more coronavirus testing facilities.^x In August, the DOH claimed that the Philippines has already topped other Southeast Asian nations when it comes to COVID 19 testing capacity having tested a total of 1,643,539 or an average of 28,938 tests per day. However, this figure represents a small fraction of its more than 109 million population. The country, in fact, is in 127th position in total tests done per million people,^{xi} not to mention that most of these were private coronavirus tests.^{xii}

Even more tragic is the severely limited contact tracing capacity in the country. Duterte-appointed contact tracing czar admitted in August that only 4 (.068%) out of 604 local government units that answered a survey he sent have contact tracing capability. On average, only around 8 contacts are being traced, which is way below the 30-37 contacts he set as standard.^{xiii} This is disturbing because the COVID 19 national task force, in a resolution issued in April, already shifted the burden of contact tracing to the local governments.^{xiv} In fact, it was only in September 2020 that the Department of Interior and Local Government started to recruit 50,000 contact tracers nationwide.

Facilities and protocols for isolation

Data from the national task force showed that quarantine facilities have remained largely unused. Only one in every four available quarantine beds in the country is occupied as most of the confirmed cases choose to stay at home while recovering.^{xv} Worse, many local government units were not able to comply with the DOH's order to set up isolation and quarantine facilities for lack of resources.

Inconsistency can best describe the Philippine government's COVID 19 response. Filipinos have to bear the often confusing and contradictory decisions made by the national task force. In July, upon WHO's recommendation, the national task force decided to require mild and asymptomatic COVID 19 patients to undergo quarantine in government-approved isolation facilities to contain the spread of the virus through community transmission. One of its members even suggested that police authorities will be deployed to go house to house to look for persons with coronavirus and transfer them to quarantine facilities. Various sectors expressed alarm over the plan as it violates the constitutional rights of persons to be secure in their homes.^{xvi} The directive was also contrary to DOH's position that encourages home quarantine for

those whose houses allow proper self-isolation.^{xvii} Amid the backlash, the task force suspended the implementation of the said directive.

Surge capacity and treatment of severe cases

In a study, the University of the Philippines (UP) COVID 19 Pandemic Response Team warned that should the number of infected people rapidly rise, there may come a time when the hospital care resources will be overwhelmed citing various factors:

For the treatment of critical cases, there are a total of 2,335 critical care beds in 450 intensive care units in the Philippines. This corresponds to 3.1% of the total approved bed capacity of Levels 2 (equipped with the service capabilities needed to support board certified/eligible medical specialists and other licensed physicians rendering services in the specialties of Medicine, Pediatrics, Obstetrics and Gynecology, Surgery; their subspecialties and ancillary services) and 3 (same as level 2 + teaching and/or training hospital with an accredited residency training program for physicians in the four major specialties namely: Medicine, Pediatrics, Obstetrics and Gynecology, and Surgery) hospitals in the country. On the projected availability of ICU beds corresponding to critical COVID cases at the provincial and regional levels, we estimate that it is beyond the capacity of most provinces to handle the surge of the COVID-19 crisis in the Philippines at its peak. There is a lack of available critical care beds because across the country, there are only a little over 2,000 ICU beds to cater to the projected 8,800 to 19,800 critical COVID-19 cases. As of 2018, there are 40,775 doctors and 90,308 nurses in the country. Peak-time critical COVID-19 cases alone would require the attention of approximately 21% of our healthcare workers. There are, on average, 3.7 doctors per 10,000 population in the Philippines. This is below the World Health Organization-prescribed ratio of 1 doctor for 1,000 persons (or 10 per 10,000). Furthermore, there are 8.2 nurses per 10,000 nationwide compared to the WHO-prescribed ratio of 1:1,000.^{xviii}

The Philippine health system is highly fragmented resulting from the government's devolution of health services. The delivery of most health services was transferred from the national government to the local government units. This has severely affected the provision of health services among the people, especially those in the poor areas and the marginalized sectors. The inability of many local government units to allocate sufficient funds for health care has resulted in high out-of-pocket spending that impoverished many families. It also spawned problems such as demoralization of health personnel due to the reduction of salary, job loss, and politicization of health as local officials have tried to control the management and delivery of health services.^{xix}

Health care in the country is provided by both public and private sectors, but over the years the government health expenditure (36.1%) has been eclipsed by that of the private sector (65.3%), and much of the private expenditure is paid out of pocket.^{xx}

The share of health on the national budget has continued to decline for the past years.^{xxi} Consequently, the condition of public hospitals and health facilities has deteriorated further.

Considering the history of the public health system in the country, one can conclude that the Philippine government COVID 19 response only reflects the sorry state of the public health system due to decades of neglect and increased privatization of health care, as Paul Quintos, a senior lecturer in UP puts it:

The reactive, ad hoc, and deficient COVID-19 response of the Philippine government, particularly the DOH, should not be attributed merely to the incompetence of the current DOH secretary or the poor leadership of the IATF-EID (COVID 19 task force). In fact, the country's health system has been weakened by decades of neglect and the systematic reorientation towards privatized health care at the expense of public health...This weak public health system is the result of deliberate policy choices, fiscal priorities, and

institutional design made over many years up to the present.^{xxii}

Duterte administration's proposed national budget for 2021 shows how the government, amid the onslaught of COVID 19, has degraded health care to prioritize infrastructure and military spending. Research group Ibon Foundation spelled out how allotments for some of the most essential programs for health recovery have been slashed:

- The budget for the Epidemiology and Surveillance program, which is important to control the spread of diseases through timely data and research, was halved in 2020 from Php263 million in 2019 to Php116 million this year.
- From a Php8.4 billion budget for Health Facilities Enhancement Program in 2020, the proposed budget for 2021 is only Php4.8 billion, or almost 50% less than its current budget.
- The National Reference Laboratories are vital in detecting and testing COVID-19 cases and other emerging diseases. But the proposed budget for these decreases from the present Php326 million to Php289 million.
- The proposed budget for Health Information Technology drops massively from Php1.2 billion in 2020 – which it failed to use properly – to Php97 million, or a 92% decrease.
- The budget for HRH Institutional and Capacity Management has been cut by Php15 million.

Strategies used for the regulation of public and private healthcare

In March, President Duterte formally declared a state of public health emergency following the surge of COVID 19 cases in the country. He asked Congress to enact the Bayanihan to Heal as One Act authorizing him to exercise powers necessary to carry out urgent measures to meet the current national emergency related to COVID 19. Some lawmakers objected to some of its provisions, especially the one that will enable him to temporarily take over or direct the operations of public utilities and privately owned health facilities and other necessary facilities citing its susceptibility to abuse and corruption. The final version of the law removed the aforementioned provision.

The DOH issued an administrative order requiring public and private hospitals to dedicate at least 30 percent of beds to COVID 19 patients. In July, it amended the guideline reducing private hospitals' bed capacity for COVID 19 to 20 percent following the declaration of several hospitals in Metro Manila that their wards were already full or near capacity.^{xxiii}

As early as April, the government announced that authorities are investigating reports that several hospitals denied emergency treatment to COVID 19 patients. In one case, a 65-year-old man died after six hospitals reportedly refused to admit him claiming that they no longer have vacant beds in their intensive care unit wards.^{xxiv}

In a study by Ibon Foundation, data from the national health insurance, Philhealth, showed that private hospitals would mostly benefit from the payment of COVID 19 insurance packages since said packages were rolled out for Philhealth accredited level 2 and 3 hospitals, which are composed mostly of private

hospitals. In 2019, there were 355 level 2 and 3 private hospitals accredited by Philhealth while there were only 97 level 2 and 3 Philhealth-accredited public hospitals.^{xxv}

In September, due to the increasing number of COVID 19 patients in the country, President Duterte appealed to private hospitals to increase COVID 19 allotted beds.

Covid-19 related services and the publicly-funded health insurance scheme

In March, when DOH confirmed the first case of COVID 19 local transmission in the country, the government assured the public that the medical expenses of COVID 19 patients will be shouldered by the government through Philhealth.^{xxvi} In early April, however, Philhealth announced that it would no longer shoulder all the expenses and would only commit to paying hospital expenses through its new case rate packages starting April 15 onwards. Under the new case rates, patients confirmed with Covid-19 and developed into severe illnesses will be compensated as follows: mild pneumonia for P43,997; moderate pneumonia for P143,267; severe pneumonia for P333,519; and critical pneumonia for P786,384.^{xxvii}

Medical expenses, therefore, in excess of the case rates will be paid out-of-pocket. According to World Bank, the share of out-of-pocket expenditure to total health spending in the Philippines is at 53 percent, the highest among Southeast Asian five largest economies, contrasting with 37 percent in Indonesia and 12 percent in Thailand.^{xxviii}

To help cover the cost of treatment, Philhealth advised patients to make use of their HMOs or private health insurance as well as mandatory discounts such as senior citizen and PWD discounts.^{xxix} Right to health proponents have long been saying that Philhealth is a key component of privatizing and commodifying health in the country and hence a driver of more expensive health care.

The high cost of hospitalization in the Philippines might have pushed many poor Filipinos to hide COVID 19 symptoms and avoid getting tested.

Worse, the COVID 19 pandemic has not stopped the rampant corruption in Philhealth. While the country is grappling with the crisis, Philhealth ranking officials have been accused of stealing some Php15 billion from the agency through fraudulent schemes. The said amount covers the unauthorized release of the Interim Reimbursement Mechanism through which advance payments of up to three months are made to health care institutions amid the COVID 19 pandemic. The amount also included the alleged overpriced IT systems the agency proposed to purchase.^{xxx}

Challenges that Covid-19 patients had to face

It cannot be denied that COVID 19 disproportionately affects the poor and the marginalized. UN chief Antonio Gutierrez noted that “the pandemic has laid bare challenges - such as structural inequalities, inadequate healthcare and the lack of universal social protection – and the heavy price societies are paying as a result”.^{xxxi} This is particularly true in the Philippines where the increased privatization of health care has exacerbated health inequality.

Most of the incidents involving hospitals turning away patients are those with people unable to pay an initial deposit of fee demanded by the hospitals although it is a violation of the country's Anti-Hospital Deposit Law.

One particular case is that of Katherine Bulatao, a 26-year-old woman who had just given birth and died after she was denied admission by six hospitals including one that required her family to pay P4,000 for the personal protective gear of its medical staff. Another case is that of Josefina Barros who was refused treatment by nine hospitals, one of which demanded her family to deposit P30,000 before she could be admitted.^{xxxii}

Metro Manila is the epicenter of the COVID 19 outbreak in the country. One of the densest cities in the world, it is home to nearly 13 million. Slums can be found in 526 communities, located in all the cities and municipalities of Metro Manila. They account for some 2.54 million men, women, and children living in the most depressed areas of the country's prime metropolis.^{xxxiii} These poor communities have limited access to health and other basic social services.

In these poor communities, families are packed in small shanties with four to six children plus several extended family members, including grandparents, sharing small spaces. Physical distancing in these cramped places is difficult, if not impossible. Thus, Urbanismo and the Philippine Center for Investigative Journalism averred that the COVID 19 battleground is not just hospitals, but the poorest communities that lack the means to feed and protect themselves.^{xxxiv}

Challenges that health workers had to face

Filipino health workers are perhaps among health workers in the world suffering the highest level of anxiety during the pandemic. Already overwhelmed by the increasing number of COVID cases and deaths, health workers have to face other serious problems, such as from being underpaid and the lack of protective equipment to suffering from discrimination and physical attacks.

Health workers are being evicted from their boarding houses and dormitories and refused entry on public buses and convenience stores. A nurse was splattered chlorine by a motorcycle-riding tandem while another nurse who contracted COVID 19 could not return to his hometown after his neighbors had petitioned against his return. An ambulance driver was shot for parking his vehicle in a residential area while a hospital utility worker nearly lost his sight after five men doused him with bleach.^{xxxv}

The government denounced the discriminatory acts against health workers even as President Duterte warned the public not to harass health care workers adding that the police will intervene if they witnessed discrimination. But when various medical groups pleaded for a 'timeout' asking for a two-week return to an enhanced community quarantine in Metro Manila as COVID 19 continued to surge, President Duterte showed his contempt for health workers by lashing out at the groups and ridiculously and unjustly tagged their appeal as a call for revolution.^{xxxvi}

The Philippines has one of the world's highest attrition rates for medical workers. As of late September, the number of health workers who contracted COVID 19 in the country is at 9,347 with 60 deaths. Of the 9,347 infected health workers, there are 3,263 nurses, 1,719 physicians, 720 nursing assistants, 436 medical technologists, 227 midwives, 173 radiologic technologists, 101 pharmacists, and 74 respiratory therapists.^{xxxvii}

Only 5,216 health workers have so far been hired to fill the DOH-approved 9,297 slots for emergency hire. This slow hiring means medical frontliners continue to work beyond their capacity to treat the piling number of COVID-19 patients. The DOH itself has also noted the difficulty in hiring health workers because many of them have private services that they cannot leave. It also does not help that the entry-level salary for healthcare workers is low.^{xxxviii}

The average salary for a nurse in a government hospital is about \$250 to \$350 per month. In private hospitals, it ranges from \$200 to \$250 per month. In October last year, the Supreme Court set a minimum monthly salary for nurses in public hospitals of \$600 per month but the decision has yet to be implemented.^{xxxix}

The country's shortage of personal protective equipment (PPE) is also contributing to the huge number of infected health workers. According to the WHO, the global shortage of PPEs is affecting healthcare workers worldwide. This shortage could have been eased if the country had the means to manufacture its PPEs, such as the local textile industry. But the country is reliant on imported PPEs.

Impact on non-Covid services

The COVID-19 pandemic is having a significant disruptive impact on the Philippines' public health care, in general, and non-COVID health services, in particular.

COVID 19 pandemic puts additional strain on an already overwhelmed health system in the country with ongoing measles, dengue, and polio outbreaks and against the background of the triple burden of malnutrition. For example, stringent physical distancing measures and community quarantine have had a significant impact on polio outbreak response activities, disrupting nutrition services and postponing vaccination campaigns, though polio vaccination campaigns in Mindanao resumed in July.^{xl}

In an article, physicians and anthropologists Gideon Lasco and Joshua San Pedro pointed out how the government has poured an unprecedented amount of funds and resources on public health, but specifically for COVID 19 treatment.

However unintentional, this "covidization" of health care is taking attention away from other health concerns, many of which are likewise a matter of life and death. Consider, for instance, the conversion of many health facilities into dedicated COVID-19 facilities, and the suspension of other essential health services, including outpatient care and surgeries. Even though hospitals are opening, many individuals today would rather deal with their health conditions on their own for fear of contracting the disease. When combined with a history of neglect of public health systems, cases of patients with poor health access tragically add to the disaster.^{xli}

In a bid towards preventing the spread of COVID 19, government policies have undermined other aspects of health care, such as promotive and preventive health care. For instance, the prolonged lockdown has prevented children and elderly people from going outside for exercise and games, which might bring a negative impact on their mental and physical health.

The government's earlier plan of deploying physicians under the Doctors to the Barrios Program (*medical graduates serving as rural physicians to the doctorless municipalities in the country*) to COVID 19 hotspots was met with rejection by various sectors for being insensitive to the plight of marginalized communities.

"By recalling physicians from the far-flung communities that they serve, the DOH severs the people's access to health care and leaves them in an even more vulnerable state. This is especially worrying during a pandemic and with emerging seasonal diseases, such as dengue and leptospirosis, to name a few," the Philippine Medical Students' Association and the Association of Philippine Medical Colleges-Student Network said in a statement.^{xliii}

Transparency of Covid-related data

The DOH data reporting is far from ideal as it grapples with transparency and accuracy issues. In May, the UP COVID 19 Pandemic response team composed of 200 professors, researchers, alumni, and students in a policy note pointed out alarming errors and discrepancies in the data provided by the health department.

They noted that the government's data reporting protocols have changed far too often and that there was initially no standard time of the day for when DOH posted the official daily numbers. They also observed that DOH data does not reconcile with that of the local government units citing as an example the May 03 report showing DOH reported 7 deaths in Laguna province, which was 22 deaths lesser than the provincial government's official count. The group also cited inconsistencies and anomalies in the DOH data. "There are other troubling anomalies in recent data drops of DOH. For example, 18 cases no longer have data on residence in the April 25 update. On the same date, the recovery dates of two cases were either missing or changed. One patient who reportedly died on April 24 is no longer dead the following day. The DOH data drop is also inconsistent with its use of date formats, which makes it difficult for automated systems of and updating data from case information. It has made the work of data analysis difficult because of these sudden changes."^{xliii}

They are also calling on the government to be more transparent and make the data accessible to relevant stakeholders so cross-validation may be done.

"We acknowledge the importance of data privacy as provided for in our existing laws such as the Data Privacy of 2012 (RA 10173) and the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act of 2018 (RA 11332), among others. However, there are important data that can already be anonymized and made available to serve the public interest...This call for open data is in line with the UNESCO call for open science and reinforced scientific cooperation"^{xliv}

Government strategies and interventions

The Philippines has the distinction of having the longest and possibly the toughest lockdown in the world. The lockdown, however, has failed to contain the spread of the virus, which put the country among the top 20 worst-hit in the world. Despite the seeming failure of the lockdown measure, the Duterte government has continued to rely on imposing mobility restrictions in handling COVID 19 response.

Experts have repeatedly pointed out that a strong reliance on tough lockdown and a militaristic approach, without focus on other preventative measures, is a lethal combination – as seen in how poorly the government handled previous months of the pandemic.^{xlv}

For many people, lockdown means the ubiquitous presence in the community of state security forces in full battle gear ready to pounce on those who would violate health protocols and control the movements of the people. The strict implementation of lockdown measures has led to reports of rights abuses as law enforcers are more eager to arrest and punish violators rather than uphold their rights.

Ibon Foundation said that the militarist response of the administration bolsters its authoritarianism. It was during the lockdown that the allies of the president in Congress railroaded the anti-terror bill, which allows warrantless arrests and longer detentions without charge. Critics have warned that it could be exploited by the government to go after its critics. Retired military, non-medical advisers are placed in the IATF and other leading government agencies in charge of the COVID-19 pandemic response. Amid the health crisis, the government insidiously passed the Anti-Terrorism Law, which broadened the definition of terrorism to make it easier for authorities to declare legitimate acts of expression, collective action, and dissent protected by the Constitution as terrorism.^{xlvi}

To deflect criticism and evade accountability, the Duterte government has attributed the failure of its COVID 19 to the citizens' lack of discipline, which is entirely false as one survey found that most Filipinos follow health protocols.

As the pandemic continues to devastate public health and the economy, it is becoming clearer that the problem is not the people but the government's lack of direction and serious policy. How many times, for instance, did the national task force gave out an order only to take it back after a few days due to public backlash. Take, for example, the motorcycle protective shield required for all riders, including spouses and those who live in the same house. Health and motorcycle experts have pointed out the danger and futility of the design, but it took the task force several weeks to change the rule after many riders had already spent a considerable amount to put the barrier.^{xlvii}

The *Hatid Probinsya* program aimed at sending people stranded in Metro Manila by lockdown restrictions back to their provinces is proof of how ill-conceived and arbitrary the government's COVID response has been. The task force had to suspend the program following reports that some of these individuals contracted the virus and were blamed for spreading the virus in their provinces.

Having no plans to revamp the government's COVID 19 response and scale up the health system capacity, Duterte is now pinning hopes on vaccine even as COVID 19 cases continue to soar. His recent statement proved that Duterte is more concerned with how to control the people through prolonged restrictions rather than address the health crisis.

"My plea to you is to endure restrictions some more. Many have been infected. If you can endure until December. I promise you by the grace of God I hope by December we will be back to normal ... let's just wait for the vaccine."^{xlviii}

A rights-based approach to COVID 19

The government's inept and militarist response to the Covid 19 crisis has highlighted the urgency of the rights-based approach in responding to public health emergencies. The crisis has put to the fore the long-

existing inequalities in Philippine society brought about by the unequal power relations as its impact is felt mostly by the poor and marginalized sectors of society.

Viva Salud Philippine partners [Karapatan, Council for Health and Development, Gabriela, and Climate Change Network for Community-based Initiatives (CCNCI)] have been carrying out a rights-based approach in responding to the COVID 19 crisis by strengthening social solidarity and putting communities at the center of the program.

Capacity building revolves around approaches that empower communities not just to protect themselves from acquiring the virus and seek treatment if they have acquired it but also to establish social solidarity to build trust and cooperation and to prevent chaos and hostilities that may be created by the long lockdown and physical distancing measures.

When the government placed the entire island of Luzon on a total lockdown, Gabriela immediately responded by mobilizing its chapters to become community frontliners for relief operations, sanitation campaign, human rights response teams, and setting up of community kitchens. It helped build the Citizens' Urgent Response to End COVID 19 (CURE COVID) network that responds to the urgent needs and issues of women and communities arising from the pandemic and the lockdown. It coordinated with local government units for aid and relief efforts and conducted an education campaign on COVID 19. It launched online counseling and extended legal support to the increasing number of victims of domestic violence brought about by the prolonged strict lockdown measures.^{xlix}

The Council for Health and Development, on the other hand, has scaled up its community-based health program to respond to the challenges faced by the communities. It focuses on active community engagement to counter the prevailing view that people in the communities are mere beneficiaries of aid. Community health workers take a leading role in mobilizing the people in developing strategies by which they can improve their situation, especially in securing food, water, and essential health services as well as defending their human rights. This has resulted in having a better interaction with authorities as people have become more aware of their rights during the lockdown.

CHD is a part of the Solidarity of Health Advocates and Personnel for a Unified Plan to Defeat COVID 19 (SHAPE UP), an alliance of medical groups, professionals, workers, students advocating for better policies for people's health and the welfare of all health care workers.

The alliance is campaigning for, among others, the allotment of 10 percent GDP as minimum budget for health and COVID 19 response, protection of health care workers, free mass testing, aggressive contact tracing, scientific, reliable, and accountable health information system, improved health services without sacrificing non-COVID health needs, sustained and comprehensive socio-economic assistance, and designation of public health experts and social scientists.^l

The partners continue to play their watchdog role demanding government accountability and calling it out for the human rights violations associated with the implementation of the lockdown.

In May 2020, the Makabayan bloc lawmakers composed of 7 progressive party-list lawmakers filed House Bill No. 6848 or the "Free Mass Testing Act of 2020" through the active support of health organizations including the Council for Health and Development and the health network, Coalition for People's Right to Health (CPRH).

In July, CPRH was part of a group of different stakeholders that filed a petition before the Supreme Court to compel the government to conduct free mass testing, ramp up contact tracing and rapid containment, and improve laboratory testing capacity. The Supreme Court, however, denied the petition.

The pandemic has shown the importance of civil and political rights and freedom. The Philippines is one of the countries that have adopted exceptional measures to curb the virus, which have severely limited rights, such as freedom of assembly, expression, and movement. As the Duterte government continues to slide to authoritarian rule, COVID 19 has given the government more excuses to restrict rights and freedom and crackdown on civil society.

Karapatan is on the frontline of the growing movement to hold the government accountable for its failure to curb the spread of COVID 19 and numerous human rights violations. CCNCL is active in the campaign against the government's massive reclamation project along Manila Bay as the government, after the strict lockdown, resumes Duterte's flagship infrastructure program called "Build, Build, Build". The project will wipe out mangrove forests and seagrasses, cause irreversible damage and pollution in the waters, and displace more than 200,000 families.

Due to restrictions on mass gatherings, many Filipinos took to social media to voice their complaints and protest against government COVID 19 policies that violate their rights and restrict their freedoms. They hold the government accountable for its incompetent handling of the COVID 19 response, a double standard in the application of the rule of law for quarantine violators as certain public officials are flouting the protocols with impunity, and its contempt for dissent and criticisms.

The government-imposed restrictions, however, have not stopped rights defenders to hold massive protests and campaigns to challenge the government's military response to COVID 19 and put forward an alternative platform that requires the state to respond to the health crisis in ways that reduce inequalities, promote community empowerment and participation and be held accountable.

Continuing struggles for the right to health

Even before the COVID 19 pandemic, the Viva Salud Philippine partners have already been at the forefront of the social movement for the people's right to health. Under a common program, the organizations have been carrying out various campaigns for free, comprehensive, and progressive health care services for all citizens, to stop privatization of public hospitals, renationalize devolved health services, and allocate at least 5 percent of GDP for health in the national government budget. They are conducting capacity-building and advocacy actions for human rights, women's rights, and indigenous people's rights and have linked the right to health struggles with the people's movements for the right to food and the protection of the environment.

Through relentless campaigns and lobbying with lawmakers, the right to health movement stopped the privatization of the Philippine Orthopedic Center^{li} and Fabella Hospital, dubbed as the busiest maternity ward on the planet.^{lii} During the pandemic, they have persistently been calling out the government for its inept and militaristic COVID 19 response, and have exposed the health privatization-driven budget cuts for public health facilities even as these facilities have already been overwhelmed by the surge of COVID 19 patients being admitted.^{liii}

Lessons learned for management of future pandemics

The Philippines' COVID 19 experience is a perfect example of how decades of underfunding and implementation of a neoliberal policy of privatizing public health care have rendered the country's health system weak, fragmented, and unprepared for a pandemic. If the government's priorities and health-related policies will not change course, Filipinos will find themselves in serious trouble as recent research has shown that COVID 19 will not be the last pandemic that humans are going to face."^{liv}

In research, authors Jacob Assa and Maria Cecilia Calderon predicted *"that the relative importance of private and public funding of health care systems plays a major role in relation to the recent impacts of COVID-19 across countries. Literature on other pandemics suggests that privatization weakens countries' ability to provide sufficient preparedness to and coping capacity for pandemics."*^{lv}

Over the years, the share of health in the national budget has constantly been falling. Amid the worst health crisis, the Duterte government has even slashed the proposed health budget from Php171 billion in 2020 to Php131.7 billion in 2021. More than half of the budget will go to Philhealth (Php71 B) as funds for the improvement of health facilities, public health programs, and health systems strengthening have all been cut. With the lower budget for public health, health care will remain inaccessible and expensive to many Filipinos, especially in this time of the pandemic.

The much-touted Universal Health Care law, which pursues WHO's policy of enrolling its citizens in the national insurance program (Philhealth) has not guaranteed Filipinos equitable access to quality and affordable healthcare services.^{lvi} Rather, it has cemented private hospitals' and for-profit health care institutions' dominance in the country's health care delivery.

In contrast, the effective containment strategy of Vietnam has been attributed to several key factors, including a well-developed public health system, a strong central government, huge public health spending, and a proactive containment strategy based on comprehensive testing, tracing, and quarantining.^{lvii} Vietnam's whole-of-society fight approach has also strengthened public trust and helped society adhere to protective and containment measures.^{lviii}

Vietnam's pandemic response has shown us that high public care spending, not health insurance or privatized health care will better prepare us to face future pandemics.

Unless the government makes an overhaul of the public health system in the framework of a comprehensive health system that is free, progressive, nationalist, unified, and tax-financed, the people will continue to suffer perpetual health crises.

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i <https://www.rappler.com/nation/coronavirus-cases-philippines-october-1-2020>

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vii Timeline and classifications of COVID 19 lockdowns in the Philippines:

March – Metro Manila was placed under community quarantine (lockdown). Domestic land, air, and sea travels to and from Metro Manila were suspended for one month.

March – Metro Manila and the whole of Luzon island was placed under enhanced community quarantine (ECQ): people are ordered to stay at home and are restricted from traveling, works are suspended, schools and non-essential businesses are closed, mass gatherings are prohibited.

April – President Duterte announced the extension of ECQ in selected areas. Other areas in the country were placed under general community quarantine (GCQ). Under GCQ, public transportation is allowed at a certain reduced capacity and select businesses are allowed to operate; schools remain closed.

May – Metro Manila and other areas were placed under modified enhanced community quarantine (MECQ). Under MECQ, limited movements, within zones for obtaining essential services are allowed, more businesses are allowed to operate, more public transportation services are allowed to operate; schools remain closed.

June – Metro Manila was placed under GCQ. Other areas were placed under MECQ except for Cebu which was placed under the stricter ECQ due to rising COVID 19 cases there.

August – For two weeks, Metro Manila and neighboring provinces reverted to MECQ after various medical groups had asked for a “timeout” amid the increasing number of patients trooping to hospitals for emergency care and admission. The Philippines passed Indonesia as the country with the most COVID 19 cases in Southeast Asia.

October – the Philippines was among the 20 countries with the most COVID 19 cases worldwide. The country was also recorded as the country with the longest lockdown in the world.

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